

100
Accounts Receivable
Workflow Management System

FIG. 1

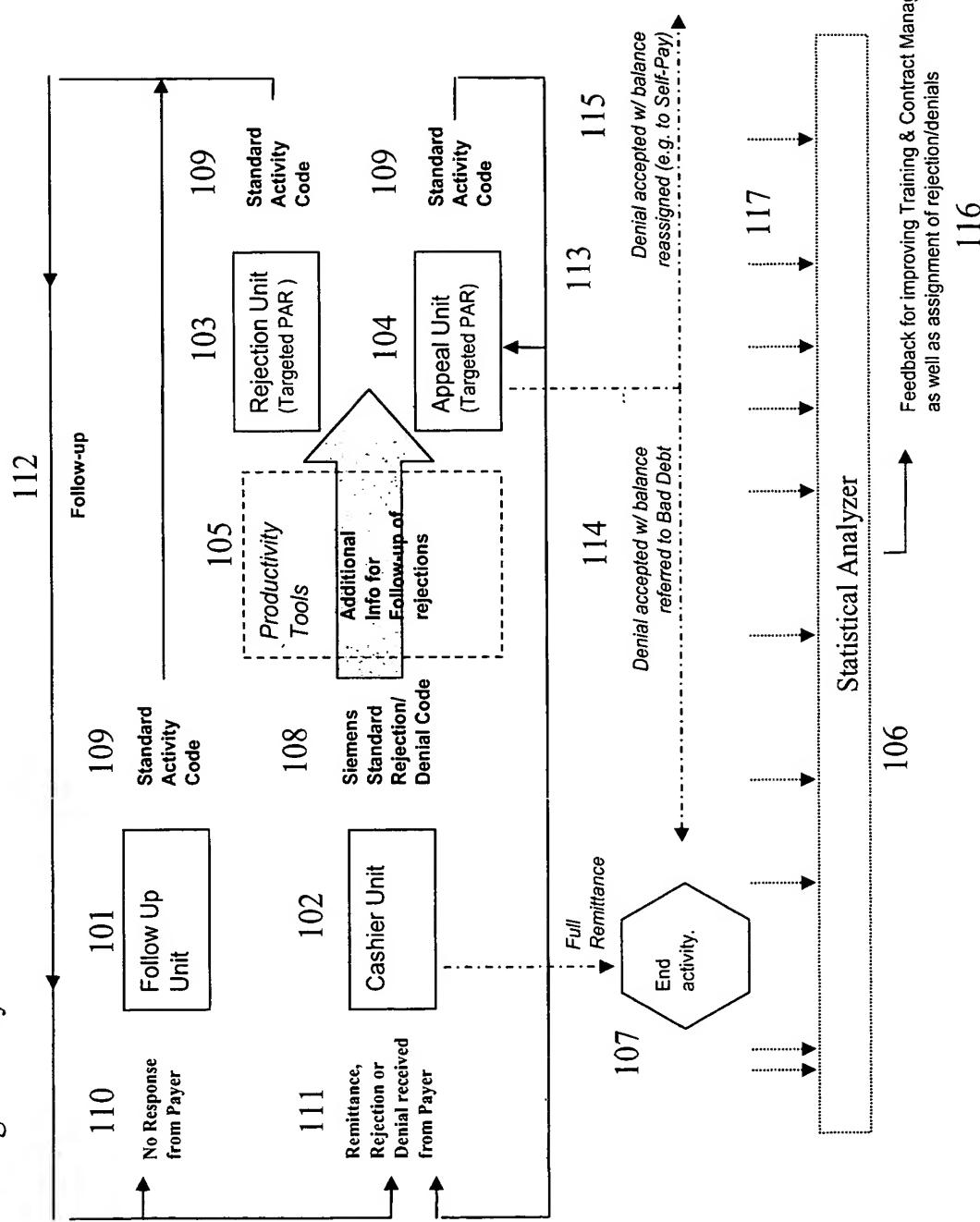
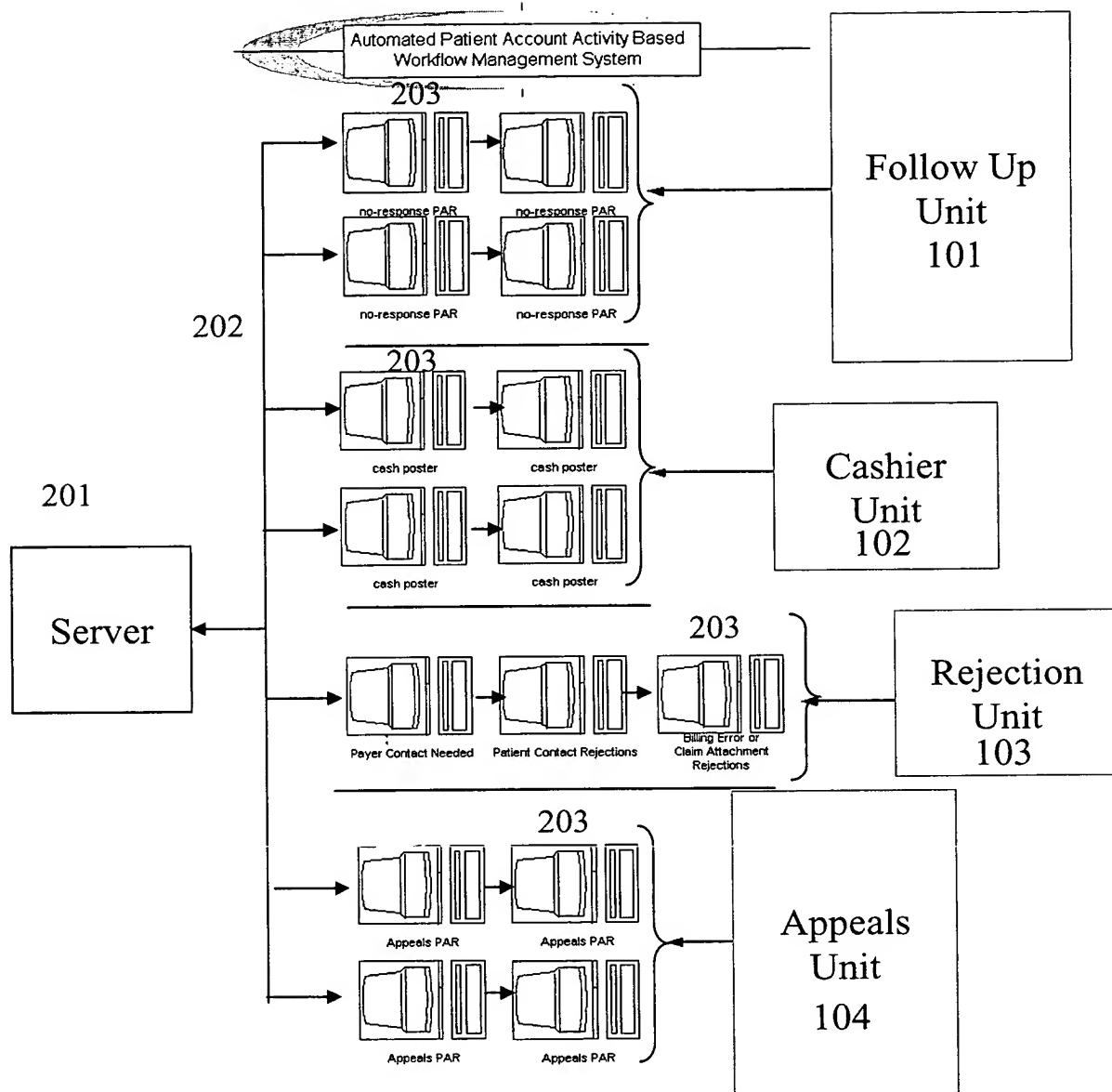


FIG. 2200

Accounts Receivable
Workflow Management Units



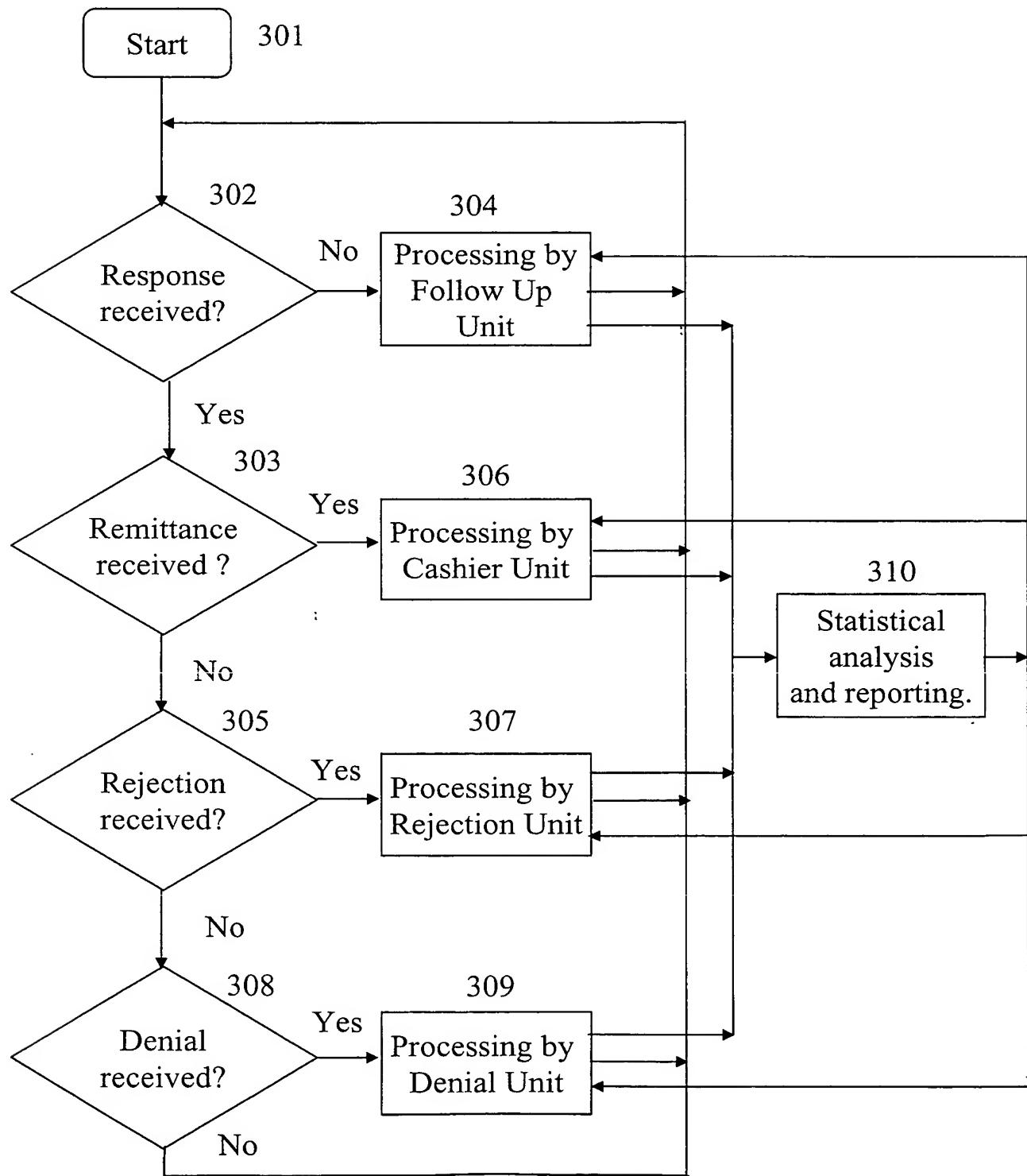
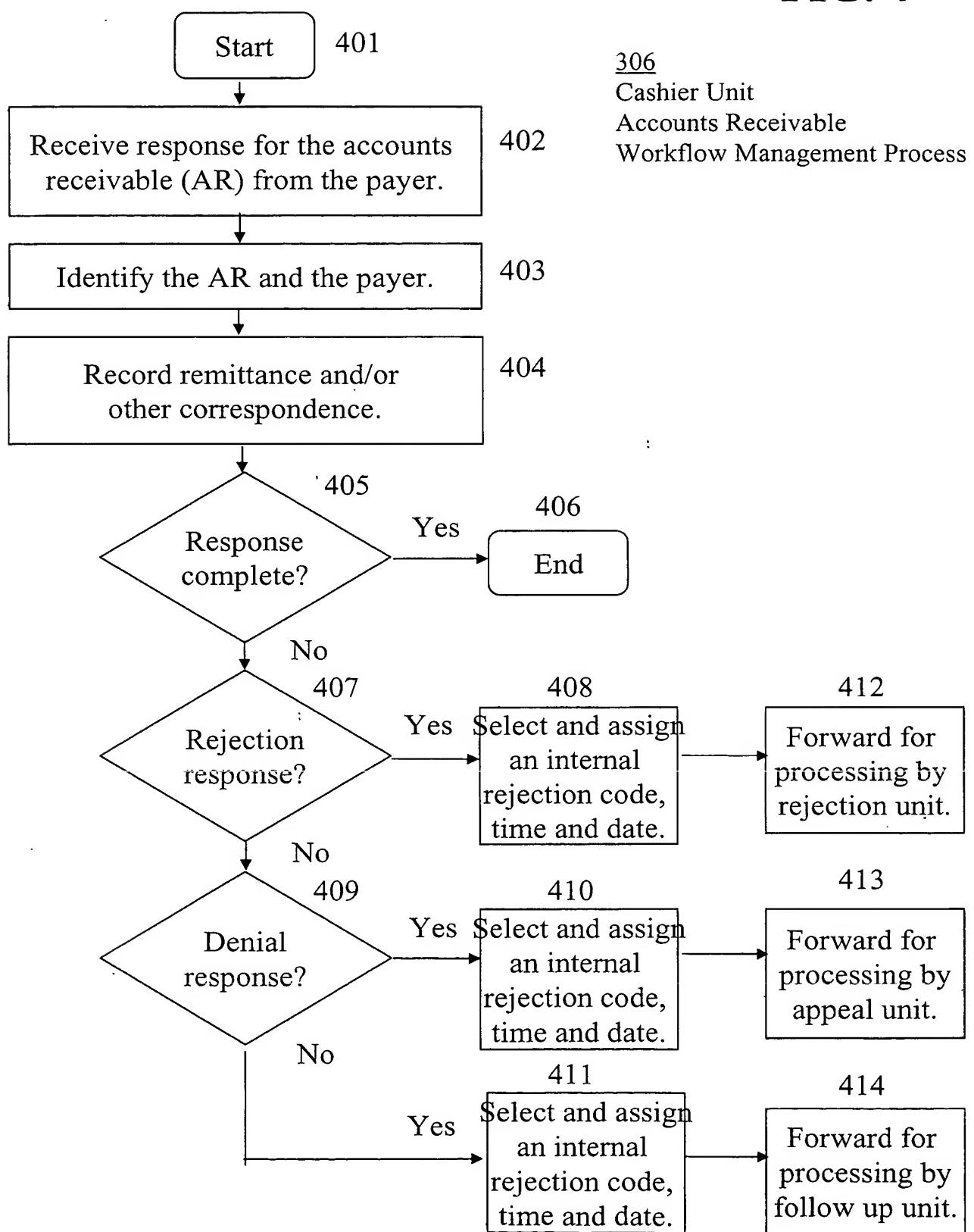
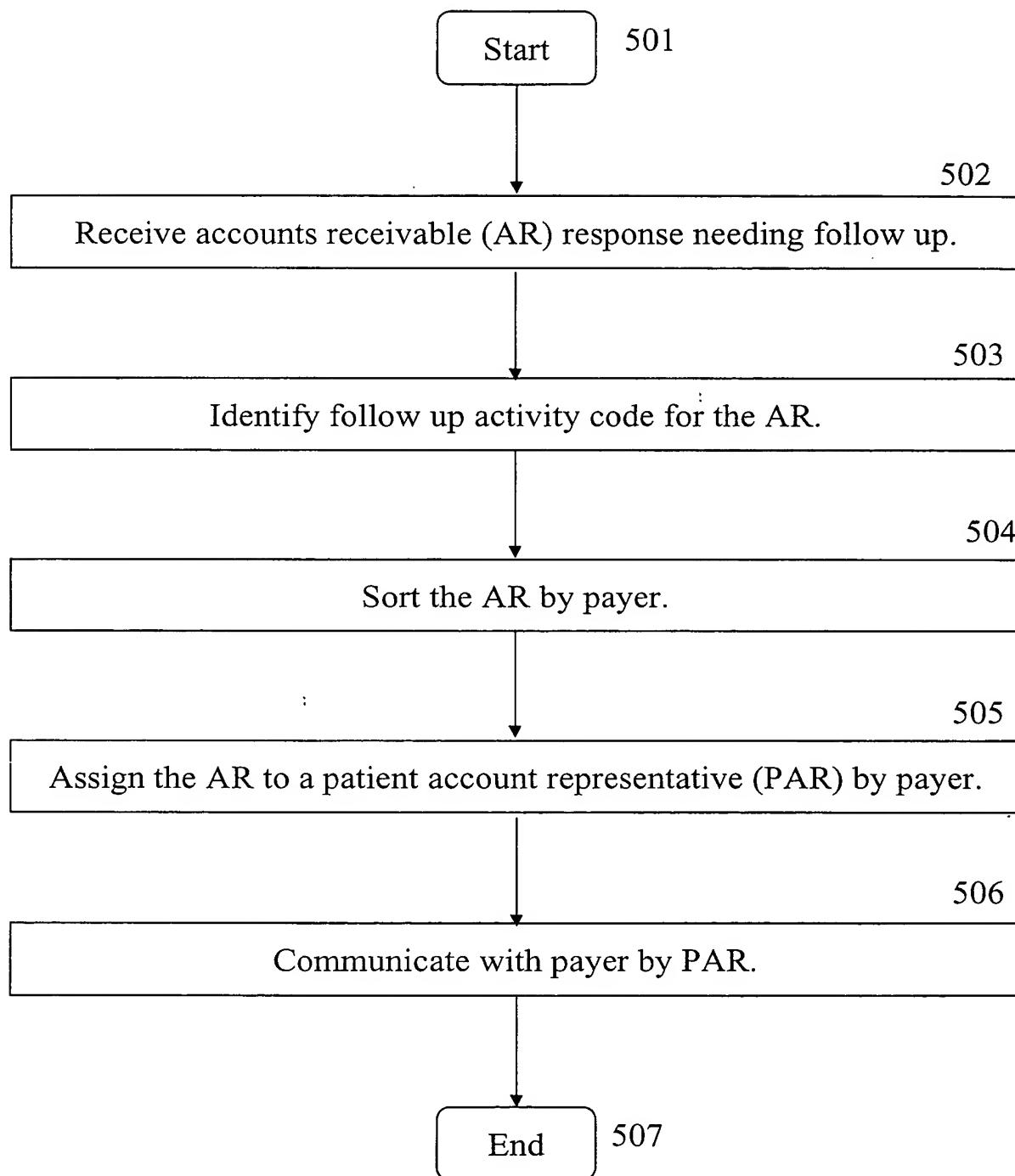
300Accounts Receivable
Workflow Management Process**FIG. 3**

FIG. 4

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Follow Up Unit
Accounts Receivable
Management Process

FIG. 5

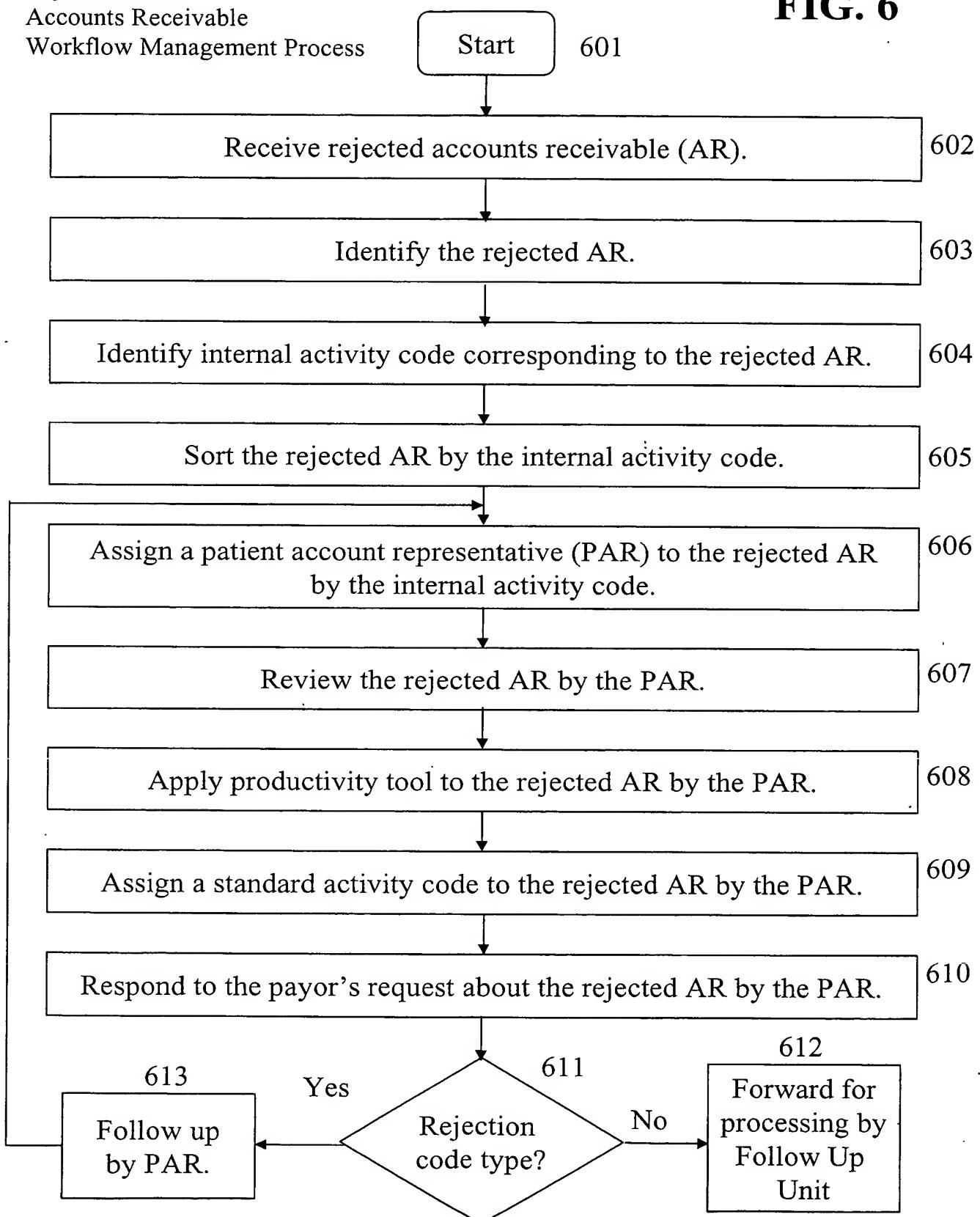
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Rejection Unit
Accounts Receivable
Workflow Management Process

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FIG. 6



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FIG. 7700

Rejection Unit

Table of Rejection Reasons

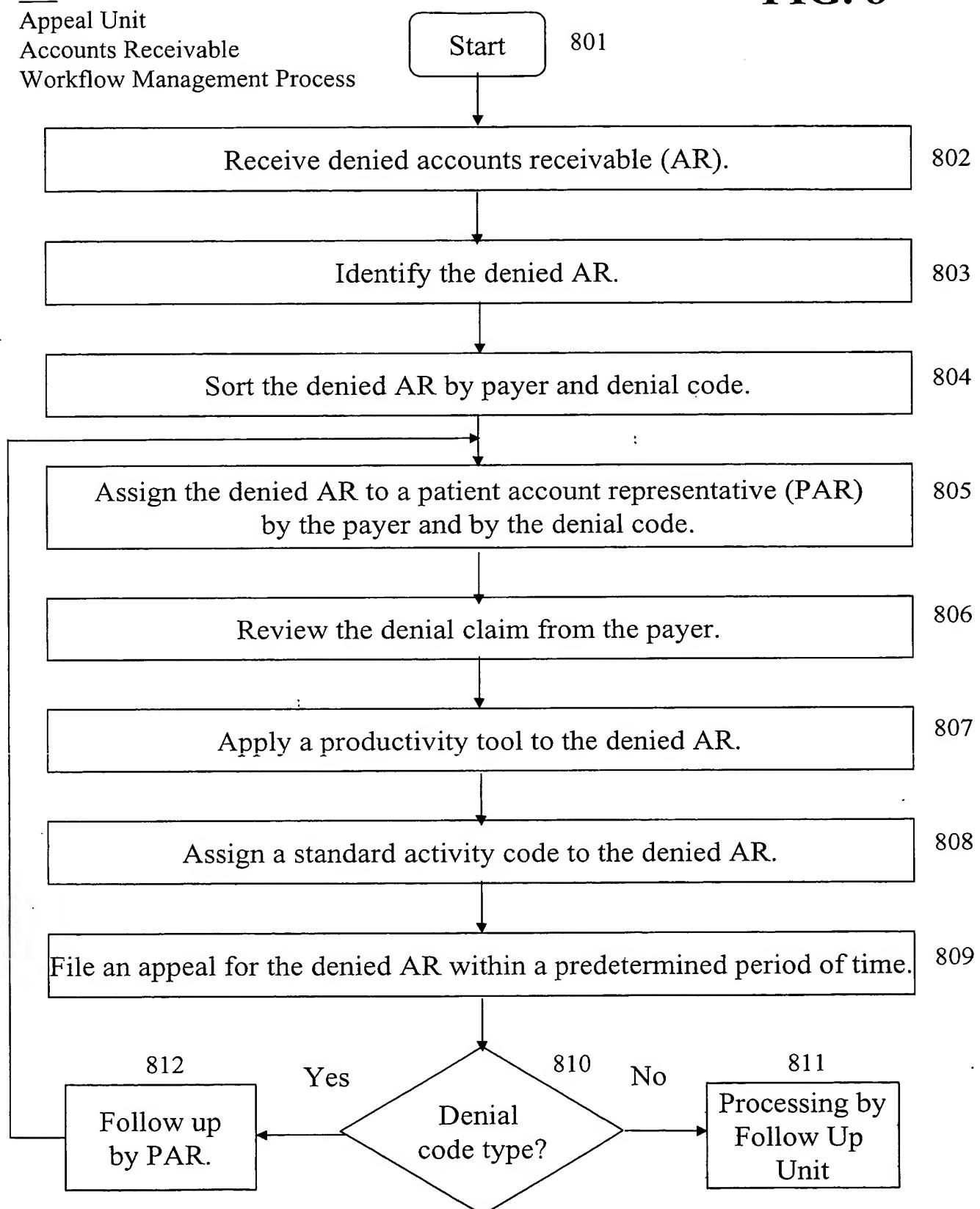
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REJECTION REASON	REJECTION ACTIVITY CODE	AUTO LETTER	BILL CORRECTION	MEDICAL RECORDS	BILL ATTACHMENT	PATIENT CONTACT	INS CO CALL	MOVE TO SELF PAY
POLICY NOT IN EFFECT THIS DOS	R1							X
APPLIED TO DED/CO-PAY	R2							X
MEMBER NOT ON FILE	R3					X		
OTHER COVERAGE INFO NEEDED	R4	X				X		
ITEMIZED BILL REQUESTED	R5				X			
MEDICAL RECORDS REQUESTED	R6			X				
ADDL INFO REQUESTED	R7						X	
ADDL INFO REQUESTED/PATIENT	R8	X				X		
ADDL INFO REQUESTED/PROVIDER	R9						X	
CLAIM FORM REQUIRED	R10	X				X		
MISSING/INVALID DX CODE	R11		X					
MISSING/INVALID PROCEDURE CODE	R12		X					
MISSING/INVALID REVENUE CODE	R13		X					
IB AND UB NOT EQUAL/BILLING ERROR	R14		X					
ER REPORT REQUESTED	R15			X				
STUDENT INFO REQUIRED	R16	X				X		
CLAIM PENDING REVIEW	R17						X	
CLAIM SENT TO TPA	R18						X	
MEDICARE EOMB REQUIRED	R19				X			
BABY NOT ADDED TO POLICY	R20	X				X		
UB NEEDED FOR 1500 PROCESSING	R21				X			
DUPLICATE CLAIM	R22						X	

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Appeal Unit
 Accounts Receivable
 Workflow Management Process

FIG. 8

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Appeal Unit

Table of Denial Reasons

FIG. 9

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DENIAL REASON	Denial Activity Code
SERVICE NOT COVERED	D1
PRE-EXISTING CONDITION	D2
OVER MAXIMUM BENEFIT	D3
PER INS NOT MEDICALLY NECESSARY	D4
AUTHORIZATION	D5
UNTIMELY FILING	D6
NON-PAR PROVIDER	D7
PAID PER CONTRACT	D8
UR IN-HOUSE DENIAL	D9
BABY INCLUDED IN CASE RATE	D10
APPEALED DENIAL UPHELD	D11
INCORRECT AUTH #	D12
PAYMENT RETRACTION	D13
PMT SENT TO INSURED	D14
PROCEDURE POSTPONED/CX	D15

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Table of Standard Activity Codes

FIG. 10

ACTIVITY CODE	DESCRIPTION	PAR TYPE	Suppress from Bill/Stmt
BALP	BAL IS PT RESP,CHGD TO S/P	S	N
SCOV	VERIF SVC NOT COVD, TO S/P	S	N
CINS	CORR INS INFO & REBILLED	C	N
PREX	APPEALED FOR PRE-EXISTING	A	N
NCOV	PT NOT COV ,MOVE TO S/P	S	N
IBIN	ITEMIZED BILL SENT AS REQ	C	N
MREC	MED REC SENT AS REQUESTED	C	N
AREC	APPEAL FILED W/MED RECORDS	A	N
AAUT	APPEALED W/AUTH ON FILE&MED REC	A	N
ATIM	APPEALED W/PROOF OF TIMELY FILE	A	N
CHDX	MR REVISED DX/REBILLED	C	Y
PRCD	MR REVISED PROC/REBILLED	C	Y
CREV	REV CD REVISED/REBILLED	C	Y
HIDR	REBILLED FOR HIGH COST DRUGS	A	Y
ERRP	SENT ER RPT TO INS, AS REQ	C	N
DUPH	DENIAL UPHELD,BAL PT RESP	S :	N
OKOK	VERIF INS PYMT IS CORRECT	C	Y
CSRT	BABY IN CSE RTE,PMT OK,ACT ADJ	ZERO	Y
MEOB	SENT CLAIM W/MCARE EOMB	C	N
BABY	CALLED GUAR/ADD BABY TO POLICY	C	N
1500	UB SENT FOR 1500 PROCES AS REQ	C	Y
URRV	CLM TO UR TO RVW/UPHLD DENIAL	A	Y
IMPL	REBILLED IMPLANT CHARGES	A	N
UNDR	REBILLED FOR UNDERPAYMENT	A	N
BORD	BORDER BABY,APPEALED	A	N
LITI	UR CNTST UPHLD DENL,REF TO BD	BD	Y
WLOS	UR CONCURS W/UPHLD DEN,ACCT ADJ	S	Y
PT10	LTR TO PT TO CONTACT INS CO	C	N
MRDX	REQUESTED CORR DX CD FROM M/R	A	Y
MRPR	REQUESTED CORR PROC CD FROM M/R	A	Y
OVTR	APPEAL OVERTURNED/PMT PENDING	A	N
MEDR	REQUESTED MEDICAL RECORDS	A	Y
BPRO	CLAIM NOF/REBILLED 1500 ONLY	*	N
UB92	CLAIM NOF/REBILLED UB92 ONLY	*	N
2NDY	SECONDARY BILLING REQUESTED	C	N
PINS	PATIENT REFERRED TO INS CO	C	N
FCMC	CHANGED PRIMARY TO MEDICARE	G	N
FCMK	CHANGED PRIMARY TO MEDICAID	G	N
FCHM	CHANGED PRIMARY TO HMO	C	N
FCPP	CHANGED PRIMARY TO PPO	C	N
FCCO	CHANGED PRIMARY TO COMMERCIAL	C	N
CMGR	AUTO CONTRACTUALIZATION CORR REQ	S	Y
FIL2	BILLED SECONDARY PAYER	C	N
RECA	APPEAL RECEIVED/NO STATUS YET	A	N
INVR	IMPLANT INVOICE REQUESTED	A	Y
UNTM	UNTIMELY RESPONSE TO APPEAL	A	N
CSRP	CLAIM SENT TO TPA FOR RE-PRICING	C	N
UPTF	DENIAL UPHELD/TIMELY CLAIM FILING	S	Y
UPNA	DENIAL UPHELD/NO AUTH OBTAINED	S	Y
UPTA	DENIAL UPHELD/TIMELY APPEAL	S	Y
CRNS	CLAIM RECD / NO STATUS AVAILABLE	C	N